


APPLICATION FOR CREDIT

 <p>Mail or Fax to: 16900 Chestnut Street City of Industry, CA 91748-1012 Toll Free: (877) 835-3478 Fax: (626) 854-4699 Voice: (626) 854-4570 Email: sherry@fldist.com</p>		<p>Branch or Sales Offices: _____</p> <p>Account Number _____</p>		<p>Salesman: _____ No. _____</p> <p>Sales Manager: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Declined</p> <p>Credit Line: _____</p> <p>COD <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Company Name SUMTER COUNTY BOCC</p>				<p>Phone: 352-793-0200</p>	
<p>Address 910 N MAIN ST</p>		<p>City/Zip BUSHNELL FL 33513</p>		<p>Fax: 352-793-0207</p>	
<p>Billing Address (if different from above) _____</p>					
<p>This Location is <input checked="" type="checkbox"/> Main office <input type="checkbox"/> Branch office</p>					
<p>Name and Address of Parent Company (if applicable) _____</p>					
<p>Email Address: _____ Would you like to receive invoices and statements via email or fax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Business Entity is <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole ownership <input type="checkbox"/> Contractor <input type="checkbox"/> RMO Year issue <input type="checkbox"/> RME</p>					
<p>List Name(s) of Corporate Officer(s), Partner(s), or Owner _____ License No. _____ We must have Social Security No. & Driver's license No. for identity and security purposes.</p>					
Position	Name	Home Address/City State/Zip	DL#	S.S. #	
<p>Years in Business _____ Years at Present Location _____</p>		<p><input type="checkbox"/> Own <input type="checkbox"/> Lease Average Monthly Sales _____ Number of Employees _____</p>			
<p>Business Mix: Residential New Construction _____ % Custom Homes _____ % Residential-Add On/Change-out _____ % Commercial-New Construction _____ % Commercial-Tenant Improvement _____ % GOV PROJECTS</p>					
<p>Anticipated Monthly Purchases from Florida Air Conditioning Distributors _____ Requested Credit Limit 126 K</p>					
<p>Bank References</p>					
Bank Name	Branch	City	Phone:	Account#	
1. SUN TRUST	FL	TAMPA	813-224-2552	0416500006854	
2. _____					
<p>Present or Previous Material Suppliers and Trade References</p>					
Name	Account#	ADDRESS	Phone:		
1. EMMETT SAPP BLDRS	4430 NE 83RD RD	WILDWOOD FL	352-748-1949		
2. GREG CONSTRUCTION	9030 W FORT ISLAND TR	CRYSTAL RIVER	352-794-4140		
3. KP ARCHITECTS	637 NE 8TH AVE	OCALA FL	352-622-7163		
4. _____					
5. _____					
6. _____					
<p>Sales Tax: 85-80126223660-3 <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax Exempt In order for us to sell you any merchandise on a tax exempt basis, we must have a fully filled out and signed resale card CERTIFICATE ATTACHED</p>					
<p>How timely do you pay your bills? <input checked="" type="checkbox"/> Per terms <input type="checkbox"/> 30days slow <input type="checkbox"/> other Who is responsible for paying your bills? Name: JOHN LEGE, FINANCE Phone: 352-793-0217</p>					
<p>Purchase order required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DIRECTOR</p>					

To assist Florida Air Conditioning Distributors in granting you credit, we would appreciate you attaching a recent financial statement.

Loan Information	Description	
	Value	Loan Balance
	Financed By	Mo. Payment
Home Information	Description	
	Value	Loan Balance
	First Trust Deed (Mortgage Holder)	Mo. Payment
	Is there a 2 nd Trust deed? <input type="checkbox"/> Yes Loan Balance <input type="checkbox"/> No \$ _____	
Business Property	<input type="checkbox"/> Lease / Rent – Lease Term _____ <input type="checkbox"/> Owned (if owned. Please continue)	
	Value	Loan Balance
	First Trust Deed (Mortgage) Holder or Landlord	Mo. Payment
	Is there a 2 nd Trust deed? <input type="checkbox"/> Yes Loan Balance <input type="checkbox"/> No \$ _____	
Equipment Owned	Current Assets	Current Liabilities
	Total Assets	Total Liabilities
	Net Worth	

ACCOUNT AGREEMENT AND TERMS OF SALE

The undersigned hereby applies to Florida Air Conditioning Distributors (herein referred to as FACD) for credit. It is understood and agreed that the undersigned authorizes FACD to obtain information and reports from your banks, financial institutions, business credit bureaus, trade suppliers, consumer credit bureaus, and/or public record repositories for the purpose of evaluating credit. If credit is extended, current accounts can deduct 1% if payment is received by the 20th of the month following purchase. Full payment is due on the 20th of the month. FACD shall have the right to charge, if payments are not made pursuant to the terms of sale of FACD, a liquidated damage charge (commonly know as a late charge) of 1% per month (or the maximum amount allowed by law) will be billed to your account. Upon a change in principals or the legal identity of the company, applicant will give written notice within 15 days to the credit department of FACD. Should suit or collections be instituted to collect any debts of the undersigned, the undersigned agrees to pay all actual costs of collection and attorney's fees. *PER FLORIDA STATUE WE DO NOT PAY FINANCE CHARGES*

Date: _____

Signature (officer or principal only)

PERSONAL GUARANTEE

In consideration of credit granted by Florida Air Conditioning Distributors, the undersigned personally guarantees any and all charges and / or money due Florida Air Conditioning Distributors. This sum to include any and all attorney's fees and collection costs. This instrument shall be a continuing guarantee, and the liability of guarantor here under shall not be deemed to be released or discharged or in anywise affected by any extension of time granted to principal, or by any other modification of the terms of the obligation or obligations as between creditor and principal, or by any change in the membership or ownership of Creditor or Principal, or either of them by the substitution for any of them of a corporation, co-partnership, association or individual as its successor in business, but this guarantee shall bind guarantor, his heirs, executors, and administrators and shall run in favor of Creditor, its successors and assigns and shall apply to any obligations incurred by Principal, his heirs, executors, administrators and assigns.

Guarantor reserves the right of terminating this guarantee by giving notice of election so to do by registered mail addresses to Creditor at Creditor's place of business and such termination shall be effective upon the date of receipt of such notice. The termination of this agreement in accordance with the provisions of this paragraph shall not relieve or release guarantor from liability for debts and obligations of Principal to Creditor arising from goods shipped by Creditor to Principal prior to the effective date of such termination. In the event payment is demanded by Florida Air Conditioning Distributors, the undersigned agrees to make payment immediately.

Date _____

Signature

Witness _____

Type or print name of signer



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
01/23/09

85-8012622366C-3	02/14/2009	02/28/2014	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BOARD OF COUNTY COMMISSIONERS SUMTER
COUNTY FLORIDA
910 N MAIN ST
BUSHNELL FL 33513-5006

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.